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From: Coby S. Nixon, Esq. Telecopy: (404) 685-6948 Phone: (404) 815-3649 Client/Matter: 042600.005 Number of Pages: 3

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MESSAGE:

Appl. No.: 09/722,655
Filing Date: 11/28/2000
Inventor(s): HURST, Dennis Wayne
TC/A.U.: 2137
Examiner: SMITHERS, Matthew
Atty. Dkt. No.: 8886.001.0

Please see attached Request for Withdrawal as Attorney.

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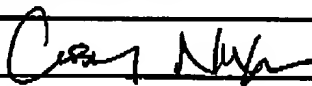
PTO/SB/21 (09-04)

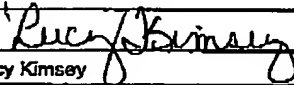
Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/722,655
		Filing Date	11/28/2000
		First Named Inventor	HURST, Dennis Wayne
		Art Unit	2137
		Examiner Name	SMITHERS, Matthew
Total Number of Pages in This Submission	2	Attorney Docket Number	8886.001.00

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Smith, Gambrell & Russell, LLP		
Signature			
Printed Name	Coby S. Nixon		
Date	August 11, 2005	Reg. No.	56,424

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Typed or printed name	Lucy Kimsey	Date	August 11, 2005

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/722,655
Filing Date	11/28/2000
First Named Inventor	HURST, Dennis Wayne
Art Unit	2137
Examiner Name	SMITHERS, Matthew
Attorney Docket Number	8886.001.0

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To: Commissioner for Patents
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 25461

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

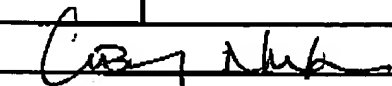
The reasons for this request are: Case transferred to new patent counsel.

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Telephone		Email	
Signature			
Name	Coby S. Nixon	Registration No.	56,424
Date	August 11, 2005	Telephone No.	(404) 815-3649

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